SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/10/2020 14:23
Date Of Accident	07/10/2020 09:00
Exact Location Of Accident	JUNC OF KAKI BUKIT AVE 3 & AVE 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT3871K
Insured/Policyholder	
Name Of Registered Owner	TEO YEE PIN
NRIC No	SXXXX114H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81388791
Alternative Phone No	OFFICE-81388791
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112916350
Cover Note Number	
Driver	
Name of Driver	TEO YEE PIN
NRIC No	SXXXX114H
Date Of Birth	26/07/1978

OUTDOOR

29/10/2018

MALE

1 YEAR AND 11 MONTHS

Mobile Number (LOCAL) +65-81388791 Fax Number

Contact Number OFFICE-81388791

EMail Address NOEMAIL

Occupation

Gender

Date Of Driving Pass

Driving Experience

75 WOODGROVE AVE #05-42 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BEDOK DIVISION HQ

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT G/20201008/7012

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBE2210Y**

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Name of Driver NG POO HOCK NRIC/Passport Number SXXXX916D

Contact Number

Vehicle Category

Address Postcode

Insurance Company Name

Page 2 of 19

Name TEO YEE PIN Approximate Age Injuries Sustain BODY Injured person in which vehicle? SLT3871K Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyfolde's Signature

Date & Times

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	Troffe Signal RED ACCORS FRE SHOWLY				
	A - SCI3871K				
	R - 68E2210				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT					
	E REPORT 9/20201008/7012				
CLARATION No declare the foregoing par	rticulars age true in every respect.				
licyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature				

POLICE REPORT





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20201008/7012

Date/Time Report Made 08/10/2020 10:59	Vide Report No.		Station Diary No.	
Name Of Informant TEO YEE PIN	Address 75 WOODGROVE AVENUE #05-42 SINGAPORE 737810			
ID Type / ID No. NRIC NO / S7821114H	Contact No. Home/Office: Mobile: 81388791			
Nationality SINGAPORE CITIZEN	Email Address PIERCE.TEO@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Photographer	Male	42	26/07/1978	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 07/10/2020 09:00 - 07/10/2020 09:05	Location Of Incident KAKI BUKIT ROAD 3			
Brief details				

Brief details.

On the 7 October 2020 at around 9am, I was driving my car SLT3871K on the left most lane of Kaki Bukit Ave 3. I stop the car when the traffic signal change to red. I then signal right to try to filter to my right lane which is a right turning lane. When I make sure all the vehicle on the right lane has stop due to red traffic signal. I edge my vehicle into the empty car space on the right. When half the body of my car has gone onto the right lane, the traffic signal turned green and the car in front of me have proceeded. All of a sudden a silver van GBE2210Y ram into me on the driver side door. He was previously stationary when the traffic light was red. The van driver, Mr. Ng Poo Hock (License Number: S2501916D) commented "If I

Signature Of Informant: The identity of the person making this
report has been authenticated by SingPass. No signature is required.
Date/Time: 08/10/2020 10:59
Classification Of Case:

POLICE REPORT





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201008/7012

gave way to everybody that wants come into the lane, I will not be able to get to my destination" in mandarin. The impact cause my driver side door as well as wheel well to be dented in. My neck, shoulder and back has also develop aches and pain from the impact as well. I visited Mount Alvernia Hospital for consultation and the doctor verified the condition and gave me 5 days outpatient sick leave (from 07 Oct 2020 to 11 Oct 2020) and prescribed medication. There is a dash cam recording of both the front and back of my vehicle.

Victim		CAN DEPOSIT OF THE PARTY OF THE			
Person Name	TEO YEE PIN				
D Type	NRIC NO	ID No	S7821114H		
Gender	Male	Age	42		
Race	Chinese	Language /	English		
Occupation	Photographer	Address	75 WOODGROVE AVENUE #05-42 SINGAPORE 737810		
Mobile No	81388791	Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/10/2020 10:59
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Page 7 of 19























